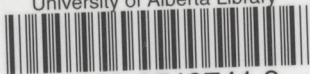


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THE FIRST FIGHT FOR MEDICARE



THE SASKATCHEWAN STORY

THE FIRST COMPULSORY, COMPREHENSIVE, universal, publicly-administered Medical Care Insurance Plan in North America went into effect in Saskatchewan on July 1, 1962. The day the plan went into effect, a majority of doctors, under the direction of the College of Physicians and Surgeons of Saskatchewan, withdrew normal medical services from the people of the province. Many residents who were in hospitals were ordered by these doctors to go home.

Some people and some newspapers described this action of the doctors as a "strike", others described it as a "boycott", or a "revolt". Whatever its title, many people were shocked to see a privileged group, highly organized, abuse their power at the expense of the sick.

The labour movement of Canada has never struck against the people or constitutional Government. Trade unions have fought *for* people and social justice, *not against* people and social justice, as these doctors did.

Since its early days, the Canadian labour movement has pressed for a publicly administered and financed health insurance plan for all the people. For over a quarter of a century the CCF has advocated comprehensive health insurance.

PROPOSED IN 1959

On December 16, 1959, in a Provincial Affairs broadcast, T. C. Douglas, then Premier of Saskatchewan, said: "The Government of Saskatchewan is convinced that the time has arrived when we can establish a prepaid medical care plan in our march toward a comprehensive health insurance program — that will cover all our people, and will ensure a high standard of medical care to every citizen of Saskatchewan." In setting up such a plan, the Government believed in five principles upon which a medical insurance plan in the Province might be based, Mr. Douglas announced. But before proceeding, the Government would appoint an Advisory Planning Committee on Medical Care,

"to recommend to the Government the best methods of developing a medical care program in keeping with the basic principles."

Mr. Douglas also said: "If we can do this — then I would like to hazard the prophecy that, before 1970, almost every other province in Canada will have followed the lead of Saskatchewan, and we shall have a national health insurance program from the Atlantic to the Pacific. Once more Saskatchewan has an opportunity to lead the way. Let us therefore have the vision and the courage to take this forward step believing that it is another advance toward a more just and humane society."

SASKATCHEWAN FIRST WITH HOSPITALIZATION

It was the Saskatchewan CCF Government which set up the first provincial hospital insurance plan in Canada, on January 1, 1947. This successful program led to the nation-wide hospital insurance plan, jointly financed by the federal and provincial governments.

Shortly after Tommy Douglas announced that it was the intention of the Saskatchewan Government, if re-elected in 1960, to establish a publicly administered, comprehensive medical care plan, the fight was on. The opposition political parties, Liberal, Conservative and Social Credit, took to the hustings in the 1960 provincial campaign opposing the introduction of a Medical Care Plan.

The Saskatchewan College of Physicians and Surgeons pulled no punches in attacking the introduction of the Medical Care Plan. It has been said that the College of Physicians and Surgeons spent close to \$90,000 during the 1960 election campaign with the hope of defeating the Government, and thus preventing the introduction of the Medical Care Plan. The College campaign was designed to scare the people, particularly women.

The Government was not intimidated. On April 26, 1960, the Government of Saskatchewan adopted an Order-in-Council setting out the terms of reference for the Advisory Planning Committee on Medical Care, to consider, advise and make recommendations on the type of a medical care program that should be established in Saskatchewan, also to consider other matters relating to health services. The Committee was empowered to hold public hearings and to receive and consider briefs submitted to it by all interested parties. The Committee was also authorized to make interim reports to the Minister of Public Health.

ADVISORY COMMITTEE

A Committee of 12 persons was established, under the able chairmanship of Dr. W. P. Thompson, former president of the University of Saskatchewan. Three members were appointed to represent the public; three doctors, to represent the College of Physicians and Surgeons of Saskatchewan; one doctor to represent the College of Medicine, University of Saskatchewan; one member to represent the Saskatchewan Chamber of Commerce; one, the Saskatchewan Federation of Labour, CLC; and three, the Government of Saskatchewan, (two of these members were doctors).

The Thompson Committee began work on May 9, 1960. It studied the existing Saskatchewan public and private health insurance programs. It studied foreign medical plans. Two teams travelled overseas; one to Britain, Norway, Sweden, Denmark and Holland, one to Australia and New Zealand, and examined these plans on the spot. It received 49 briefs, held 23 meetings for a total of 43 days, and had 10 days of public hearings.

On September 25, 1961, the Thompson Committee submitted an Interim Report on Medical Care to the Government of Saskatchewan. A special Legislative Session was convened in October, to put into legislation the report of the Advisory Planning Committee on Medical Care. In November, 1961, the Saskatchewan Medical Care Insurance Act was enacted and given assent.

THE ACT

The Saskatchewan Medical Care Insurance Act, 1961, provided that everyone who has been a resident of Saskatchewan for three months or longer and who has registered with the Medical Care Plan is eligible for benefits. Previously only about two-thirds of the province's 930,000 citizens were covered by a variety of limited private, co-operative, and public plans. Payments to the private plans bore no relationship to ability to pay. The plan went into effect July 1, 1962.

SERVICES

The Saskatchewan Medical Care Plan provides comprehensive insurance coverage for medical, surgical, maternity and diagnostic services. Services paid by other governmental programs are charged to them. For example, diagnostic services now are provided by the Saskatchewan Hospital Services Plan and other services are included in existing provincial government programs such as treatment

under Workmen's Compensation, cancer, tuberculosis and mental health programs. The plan covers specialist services when the patient is referred by the family doctor. The Act ensures a free choice of doctors.

COST

The plan is financed through a medical care insurance fund established to pay medical costs for all Saskatchewan residents. As of 1963 single persons will pay an annual premium of \$12 per year and families a premium of \$24 per year. (No premiums are paid for 1962). Other sources of revenue are: a 1½ % sales tax (not paid on food, drugs, medicine, school books, farm implements and other items); a 1 % income tax on taxable income; and 1 % corporation tax. Families will pay a total of \$36 or less per year. Families with an income of \$7,000 or more per year will pay approximately \$100. It has been estimated that the total family cost will average \$50 per year.

The estimated overall cost of the plan is approximately \$21,500,000 per year, or \$24 per capita.

ADMINISTRATION

The legislation established a Medical Care Insurance Commission of not less than six nor more than eight members, one of whom would be the Deputy Minister of Public Health. The Commission would be responsible for establishing and administering a plan of medical care insurance for the residents of Saskatchewan. This Commission was appointed early in January, 1962.

LIBERAL PARTY OPPOSES ACT

When the Act was introduced in the Legislature, the Liberal Opposition, under the leadership of Ross Thatcher, did everything possible to obstruct and prevent its passage. Liberal Party spokesmen, who now claim that they support medical insurance, hide under the pretext that, during the second reading of the Bill, they voted in principle for medical care insurance. However, during the third and final reading of the Saskatchewan Medical Care Insurance Act, the Liberals voted solidly against the legislation.

In its final stages, the Act was piloted through the Legislature by the new Premier, Hon. W. S. Lloyd, who took over the office from T. C. Douglas, who resigned in November 1961, to assume federal leadership of the New Democratic Party.

Premier Lloyd appointed Hon. W. G. Davies, former executive secretary of the Saskatchewan Federation of Labour, as Minister of Public Health. Since last November, both the Premier and the Minister of Health and other members of the Cabinet have made every effort to prepare for the implementation of the Medical Care Plan. The Government repeatedly tried to reach satisfactory agreement with the College of Physicians and Surgeons, but the College reacted with contempt, obstruction and opposition.

COLLEGE OBSTRUCTS SYSTEMATICALLY

The Government offered to make any specific and legitimate changes to the legislation and related regulations to assure doctors that there would be no interference by the Government in professional matters with respect to the practice of medicine. This, on the surface, was the main complaint of the doctors. Government spokesmen repeatedly stated that their goal was the provision of medical insurance for the people and not the practice of medicine. Moreover, the Government met or offered to meet each one of the 14 principles, constitutionally possible, that were adopted by the Canadian Medical Association in September, 1960, under which the CMA agreed to accept a plan of medical care insurance. But, the more conciliatory the Government was, the more the College demanded. The College's final position on June 30 was: "The Government must repeal the Act."

Many Canadian citizens were shocked at the high-handed, undemocratic and discourteous behaviour of the Saskatchewan College of Physicians and Surgeons.

AN APPEAL TO REASON

In his address to the opening session of the doctors' special convention held in Regina on May 3-4, Premier Lloyd was interrupted and booed. Following the Premier's calm and reasoned explanation of the Government position concerning the Medical Care Plan, the President of the College, Dr. H. D. Dalglish, immediately called for a standing vote of those opposing the plan and those willing to participate in the plan. No consideration was given to Premier Lloyd's proposals. Doctors who stood up and tried to speak before the vote was taken were told to sit down. No real opportunity was given at any time for doctors favoring the plan to attempt to win over a majority of their colleagues.

K.O.D. IN VICIOUS CAMPAIGN

"The Free Citizens' Association which loaned Ralph Purdy ('... Saskatchewan's best professional propagandist for the causes of the far Right ...') to the willing leaders of the Keep Our Doctors movement is a propaganda agency of the far and funny Right Wing which fights unions, the highly successful co-operative movement in Saskatchewan ... and, of course, it fights the government of Saskatchewan."

—Ron Haggart
Toronto Daily Star

In the latter part of April, with the aid and encouragement of the Saskatchewan Liberal Party and the College of Physicians and Surgeons, a "Keep Our Doctors" Committee was organized. Its name and activities are as misleading as those of the "Right-to-Work" Committees in the United States.

The KOD Committee undertook a vicious campaign of distortion, fear and smear in the name of freedom for the doctors and people of Saskatchewan. It had the support of extreme right-wingers and many officers of the KOD were political "heelers" of the Liberal party. They resorted to Nazi-like tactics. At one KOD demonstration in front of the Legislative Building in Regina, they featured a caricature of a supposed Saskatchewan Government imported doctor made up of a large semitic nose, a Chinese pig-tail and



middle-east style of clothing. This was an attempt to prejudice attitudes towards doctors who were voluntarily coming to Saskatchewan to be sure people were provided with some medical service and whom the Government Commission was trying to bring in to provide medical services in Saskatchewan under the plan.

PRESS COLLUSION

The Sifton press and certain doctors also resorted to similar tactics. Both the Regina *Leader Post* and the Saskatoon *Star Phoenix*, the only daily papers of these two largest Saskatchewan cities, published a cartoon showing a painted African tribal witch doctor applying for a job in Saskatchewan.



—Courtesy Saskatoon Star Phoenix

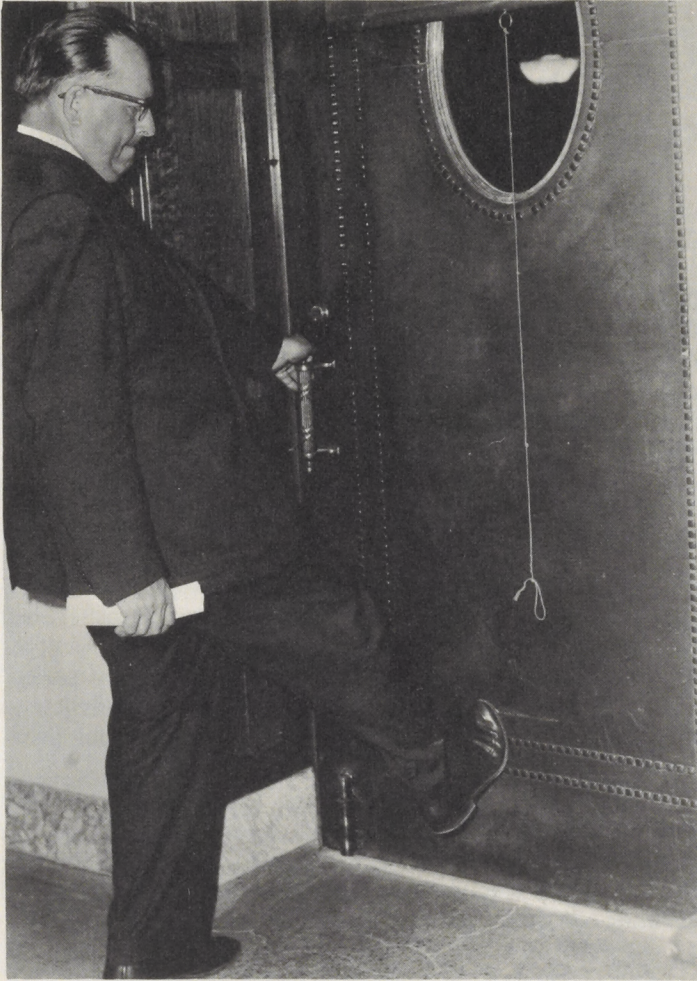
A Catholic housewife from Prince Albert interviewed on "CBC News Magazine", said that her doctor warned her that once the medical care plan came into effect the Government would legalize abortion, sterilization and mercy killing, all untrue, of course.

THEATRICAL THATCHER

At a meeting of the KOD in Grenfell, Saskatchewan, the Militia were enlisted to direct people to the KOD meeting and helped with the distribution of KOD literature.

Ross Thatcher, Leader of the Liberal opposition, was a principal speaker at a KOD cavalcade at the Legislative Building. H. A. MacDonald, deputy leader of the Liberal opposition, was the main speaker at a number of

KOD meetings. At the KOD rally at the Legislative Building on July 11, Thatcher resorted to theatrics; he had his 16 MLAs try to break into the Legislative Chamber with a hope of forcing a special Legislative Session to repeal the Medical Care Act. When they found the Legislature doors locked, Thatcher tried to kick the door down.



The Liberal MLAs and the KODs made inflammatory statements designed to create hysteria, such as the one made by Mary Batten, Liberal MLA for Humboldt, who said: "People are dying of heart attacks in Saskatchewan because of Medical Care". Even though not one person is authentically reported to have died for lack of adequate medical care during the three-week period in which most doctors withdrew normal services, these false allegations were being made.

Another group organized as a subsidiary to the Saskatchewan College of Physicians and Surgeons, the Liberal Party, the Tories and the KODs, called themselves the Save our Saskatchewan Committee (SOS). Their alleged objective was to help resolve the dispute. The fact is that many of these "saviours" were the same people who helped finance and support the KOD. Perhaps their reason for trying to become an intermediary to help settle the dispute was the fact that it was costing them a great deal of money to finance the KOD propaganda.

EMERGENCY CARE

Approximately 200 Saskatchewan doctors worked in the 40-odd hospitals organized for emergency service by the College. Another 75 or so Saskatchewan doctors continued giving normal service, and approximately 90 doctors came from the United Kingdom during the period July 1 to 23. There were an estimated 365 doctors giving service to the people of Saskatchewan during the emergency period. Out of a total of 750 practicing physicians in Saskatchewan, between one-third and one-half are ordinarily absent from practice during the month of July taking their vacations, or are on post-graduate work.

OBSTRUCTION MOUNTS

Certain municipal councils, controlled by business men and/or the Liberal Party, passed resolutions against the Medicare Plan. Some hospital boards denied privileges to doctors who came to help during the emergency period. This prompted the Government to set up a commission to investigate why doctors were being refused hospital privileges.

The College of Physicians and Surgeons became very technical in registering the doctors who came to help from outside the province. It was especially effective in refusing to license U.S. doctors, driving Dr. Gerhardt Beck away and keeping out many others wanting to come.

K.O.D. RALLY FLOPS

Some employers closed their business places when the KOD Committees gathered to demonstrate at the Legislative Building at Regina on July 11. Employees were told to go to the rally to swell the numbers. (Some went against their will.) Despite these, only about 3,500 people from the whole province went to the rally, yet certain Saskatchewan news media were reporting a crowd of 30,000, even though visiting newsmen were unanimous in estimating the crowd at only 3,000 to 4,000.

WIDE BACKING FOR PUBLIC PLAN

To back the drive for medicare, however, another organization, known as the Saskatchewan Citizens for Medical Care, with numerous local branches throughout the province, was established. Its supporters came from many and varied individuals and organizations such as the Saskatchewan Farmers' Union, Co-operative Union of Saskatchewan, Saskatchewan Federation of Labour, church groups, professionals, etc. This group disseminated factual information and published a weekly tabloid called *Public Voice for Medical Care*. It sponsored television and radio broadcasts and inserted newspaper advertisements to offset the hostile Saskatchewan press, radio and TV.

CO-OP CLINICS FORMED

Another organization which developed spontaneously during the dispute was the Community Health Services Associations. These have developed in over thirty Saskatchewan communities.

The over ten thousand family members of these associations have worked quietly and deliberately to establish

COMMUNITY CLINICS

Clinics Incorporated and Operating:

Weyburn, Estevan, Regina, Saskatoon, Prince Albert, Biggar and Nipawin.

Clinics Incorporated but not yet Operating:

Assiniboia, Eston, Fort Qu'Appelle, Herbert-Morse, Humboldt, Kindersley, Kinistino, Leross-Kelliher, Melfort, Melville, Moose Jaw, Moose Mountain, Swift Current, Battlefords, Unity, Wilkie, Wynyard, Yorkton and Preeceville-Sturgis.

Clinics being Organized and in Process of becoming Incorporated:

Canora, Kenwood, Foam Lake, Kamsack, Lloyd-minister, Meadow Lake, Radville, Tisdale and Watrous.

Note: As of September 1st, 1962, in the province, community health clinics had 9,513 paid-up family memberships.

local clinics where doctors favourable to the plan can come and work with the community to provide health care services.

What people are doing through these associations will have far reaching effects on the organization of medicine and on the quality of health care. While their immediate objective is to find doctors and to co-operate with doctors

who are willing to operate under the plan, their long-term objective is to increase the number of salaried doctors, so that the cash-register influence in doctors' relationships with patients will be removed forever. Their further objective is to develop group practices, where balanced teams of personal physicians and specialists will be available in central points to look after the entire health needs of the individual, the family and the community.

What started as a protest against the coercive methods of some doctors has promise of becoming the most significant result of the entire dispute.

The clinics have many real problems. Finding doctors willing to work with them will be one. Many doctors are willing but they are afraid of reprisals. Another task will be to obtain hospital privileges for these doctors. This may inevitably lead many in the associations into direct political action at the municipal level.

Essentially, however, people feel these difficulties will be overcome. They are determined. They are approaching things with imagination and intelligence. If strong leadership and support is given they will win through.

DISPUTE RESOLVED

How was the dispute resolved? On July 16, Lord Stephen Taylor, a British doctor, formerly a Labour Party Member of Parliament, arrived in Regina at the request of Premier Lloyd to act as consultant to the Government. It was only a matter of hours before he became, in effect, a mediator between the College of Physicians and Surgeons and the Government.

On July 18, Doctor Dalglish, at his own request, addressed the CCF-New Democratic Party Annual Convention in Saskatoon and received a respectful hearing from the delegates, in contrast to that afforded the Premier by the College. At this time, he made a major concession, advising that the College of Physicians and Surgeons had dropped its demand that the Saskatchewan Medical Care Insurance Act be suspended before discussions with the Government could be resumed. Once this concession was made, the way was paved for negotiations which carried on from that day until 12:45 p.m., July 23, when Lord Taylor announced for both the Government and the College that agreement had been reached.

FURTHER GOVERNMENT CONCESSIONS

The Government agreed to yet another concession during the final negotiations. That was the agreement to

allow patients to assign their reimbursement rights to non-profit private plans; in other words to have the payment of their bills funneled through an intermediate agency. While this provides a continued role for private agencies, it is not in any sense the kind of role which they previously played, nor is it the kind of role the College had previously demanded for these private agencies. Furthermore, these agencies are subject to government approval.

PRIVATE PLANS

These private agencies will receive the bill from a doctor with whom they have a service contract, on behalf of a patient who has paid the required enrollment fee. They will relay this bill to the Commission. The Commission will assess the bill in exactly the same way it assesses bills from doctors operating directly under the Medicare Plan. After assessment, 85% of the 1959 College fee schedule (the same amount formerly collected by doctors through their own private plans), of the properly assessed bill — the amount to which the doctor is entitled — will be sent to the private agency to be forwarded to the doctor. In short, the private agencies will operate only as a kind of “branch post office” — a very limited function indeed. They will have nothing to do with the assessment of bills or with negotiations of the basis on which bills will be rendered. They will make no decisions other than purely administrative ones dealing with their function of sending bills to the Commission and forwarding the amount of reimbursement to the doctors.

Private Voluntary Medical Care Coverage in Saskatchewan Before the Medicare Act

Enrolment	Paid In (Premiums)	Paid out (Benefits)
Doctor-Sponsored Plans (1960)		
Medical Services Inc.		
214,002	\$4,521,000	\$3,778,000
Group Medical Services		
87,780	\$1,438,000	\$1,275,000
Private or Commercial Plans (Estimate-1959)		
70,000	?	\$ 642,200
Co-operative Plan (1960)		
5,080	\$ 135,974	\$ 104,000
Source: <i>Interim Report, Advisory Planning Committee on Medical Care.</i>		

TERMS OF SETTLEMENT

Under the terms of settlement ending the Medicare dispute between the Government and the College of Physicians and Surgeons, patients are given four choices.

One of these choices whereby the patient chooses to ignore the plan and pay all his medical bills out of his own pocket may be disregarded except for a few rich and eccentric individuals. The other three are:

1. The patient chooses a doctor enrolled with the Medical Care Insurance Commission for direct payment. His doctor sends bills to the Commission, and the patient is charged nothing beyond his annual compulsory premium, and other legislated taxes. The doctor is paid 85% of the 1959 College Fee Schedule.

2. The patient chooses to enroll with a private insurance agency, to which he will pay an enrollment fee and, at his option, an additional premium for any fringe benefits that may be offered. He then chooses a doctor who has a service contract with the agency, and the doctor collects from the Commission through the agency.

3. The patient chooses not to enroll with a private agency, and chooses a doctor not enrolled with the Commission for direct payment. The doctor will bill the patient, who, by forwarding the bill to the Commission, will be reimbursed at 85% of the schedule of minimum fees. The patient will be liable for payment of the remaining 15%, or even more, if the doctor so decides, or the doctor may drop the extra 15%.

One other provision is that there will be three additional doctors added to the Saskatchewan Medical Care Insurance Commission. One general practitioner, one specialist, and one doctor from the College of Medicine, University of Saskatchewan. These are to be agreed upon between the Saskatchewan College of Physicians and Surgeons and the Government. However, the Government had previously offered to expand membership of the Commission in this way.

NEGOTIATION OF CHANGES

It is clearly understood that the Commission will negotiate any future changes in the schedule of fees with the College. The Government agreed to convene a special session of the Saskatchewan Legislature as soon as possible to enact the changes set forth in the agreement. The College of Physicians and Surgeons asked the doctors to return to work immediately.

SPECIAL SESSION

ACT AMENDED

A special session of the Legislature was called on August 2 to consider amendments to the Medical Care Insurance Act, which were passed without a dissenting vote. Health Minister Davies said that the amendments had been approved by the legal counsel of the College. Although his party supported the amendments, Liberal Leader Thatcher said that he still had some reservations concerning the details of the plan.

Premier Lloyd thanked the British doctors who came to Saskatchewan on short-term government contracts during the College boycott of the Medical Care Act. "The Government had a definite responsibility to see people did not suffer under the conditions of the unusual situation that prevailed," he said.

ORGANIZE FOR PROGRESS

This is a condensation of how we in Saskatchewan established the first public, comprehensive medical care plan in Canada. In so doing, we were confronted by reactionary forces banded together to obstruct progress and social justice. The opposition we encountered is a necessary reminder that we, who believe in social justice and progress, must become better organized. Thus, we must enter into municipal politics, to prevent municipal councils and hospital boards from blocking measures for the common good. The struggle also pointed up the significant role of trade unionists and their families in the health field, provided they are thoroughly familiar with the issues, so that they are not intimidated by threats.

A MAJOR VICTORY

The implementation of the first medical care insurance program in North America was a major victory for the people of Saskatchewan. It was also a victory for democracy and constitutional government, because the College of Physicians and Surgeons in Saskatchewan defied the law of the land during their 22½-day denial of normal medical service to the people of the province.

The Saskatchewan Federation of Labour, while not completely satisfied with the Medical Care Plan as it now stands, accepts it, knowing and understanding the extreme difficulties which were faced to bring it into being. We are deeply indebted to Premier W. S. Lloyd and to Hon. W. G. Davies, Minister of Public Health, for their determination to enact the medical care plan and preserve the democratic process and constitutional government.

UNIVERSAL CARE

Premier Lloyd has summarized the provisions of the plan in this way: "In essence, the plan provides universal medical care insurance covering specified benefits. The costs are shared by all and are related to ability to pay. The plan is administered by a public authority responsible to the Legislature through a Minister. It will achieve a more equitable distribution of medical costs and opportunities.

"This we have built in Saskatchewan. As with our Hospital Plan it is a new development on the North American continent. The plan is in keeping with — and indeed extends — the traditions of Saskatchewan and of our political movement. It's ours — we have reason to be proud of it."

"The basic aim of Saskatchewan's Medical Care Insurance Plan is to provide a proper distribution of medical costs and of opportunities for medical care. All help to pay, all are eligible for benefits. It is administered by a public authority responsible through a Minister of the Government to the Legislature of the province. It respects the rights of the public and of the profession. In the tradition of the Saskatchewan Hospital Services Plan, and other public programs, it is a means whereby all of us can share, by paying in advance, costs which may fall without notice on any of us. As such, it is the first of its kind, on a provincial basis."

—Premier Woodrow S. Lloyd

EDITORIAL

COMMENT

Whatever the medical politicians running the doctors strike think about the legislation, the strike they organized is an outrageous assault on organized society.

No profession has, of itself, dignity, integrity, or any claim to public esteem. Those attributes come to it only through the qualities of its members. The medicos should not believe they are immune to the sanctions which society imposes on everybody else.

Most of the western world has long since adopted the principle of insurance — regular saving to pay for unpredictable, painful or disastrous expense sometime in the future.

Do the Saskatchewan strike leaders think they can change the thinking, the practices and the attitudes of hundreds of millions of people?

The American Medical Association, which is the richest and most active lobby in Washington, may be delighted with the Saskatchewan performance.

Is anybody else? The striking Saskatchewan doctors in the months and years ahead will not be happy about their guinea-pigging for the AMA.

—Financial Post

The Medical Care Act was passed into law by a Government which was given a strong mandate by the people of Saskatchewan in an election in which the major issue was a government health insurance plan which the government promised would be satisfactory to all. The Act was passed in conformity with the wishes of the electorate and the laws of Canada and is open to question in the Courts. If the doctors feel it to be arbitrary they should have asked the Courts to rule it invalid.

—Globe and Mail (Toronto)

The uncompromising position taken by the Saskatchewan medical profession . . . can only serve to foster more fears and tensions within the population of the Province. Not content with carrying out their threatened strike action, the doctors are now attempting to throw all possible obstacles in the way of an eventual solution to the impasse. In view of the latest developments the Canadian Medical Association must bear a major responsibility for the behavior of one of its Provincial affiliates.

—Ottawa Citizen

Saskatchewan doctors are sick, sick, sick. Their strike has shocked the people of this country and their own country. It would require a whole squad of social psychiatrists to determine how 900 physicians could have turned into sadists. They have decided to punish the 900,000 people of Saskatchewan for voting to set up what they, the people, consider a desirable form of medical economics.

—Daily News (Washington, D.C.)

Ross Thatcher, Liberal leader in Saskatchewan, has apparently decided that the way to fight the medical care plan is to smear it with a big, broad Communist brush.

There should be no place for the Big Smear in our national life. Happily, we managed by and large to avoid it even in the worst years of McCarthyism. And it is only in the past week or so that signs of it have become apparent in Saskatchewan. It remained to the leader of the opposition — and a Liberal at that — now to give it a strong boost.

—Toronto Daily Star

The Saskatchewan government appeared to be ready to go a considerable way toward meeting the stated objections of the doctors toward the plan.

The doctors' refusal to move from their previously held position can only lead to a widespread loss of public confidence in the sincerity of their stated motives.

—Winnipeg Free Press

The doctors of Saskatchewan have taken an action which is not open to any individual within a democracy. They have deliberately decided to disobey a law of that province . . . none has a right to set himself above the law. That way can only lie anarchy, and the destruction of our democratic way of life.

—Globe and Mail (Toronto)

The withdrawal of services is more than a strike; it is a mutiny. Doctors are also throwing away the best traditions of what used to be called a noble profession . . . Saskatchewan has become a battlefield for the whole North American continent in the struggle of the big medical organizations . . . against socialized medicine.

—The Observer (London)

The law is the law, and defiance of it wrong. There is in addition the broad public interest in the maintenance of medical services. We have yet to see a clear statement from the doctors which rationalizes their position with the Hippocratic oath which they have all taken.

Dr. George Streat, the chairman of the executive of the Quebec Medical Association, told the Star that "it is a way of life we are fighting for". The trouble is that the people of Saskatchewan through their duly elected representatives have chosen another way of life. This must be accepted by the doctors until such time as the people of Saskatchewan change their minds.

—Montreal Star

. . . and in the cold chill of disillusion that is spreading like a virus Saskatchewan doctors have damaged themselves irreparably. Regardless of how the dispute is settled, the mask of professional dedication can never be replaced.

It is reasonable to wonder sadly whether medical men everywhere have been stained — however unfairly — in the dirtying of the Hippocratic oath in Saskatchewan.

—Herald Tribune (Syracuse, N.Y.)

